



ST. LUCIE COUNTY MEDIA RELATIONS/SLCTV VIDEO PRODUCTION GRANT GUIDELINES/ APPLICATION

Eligibility

1. To apply for a video production grant, agencies must have their primary office located in St. Lucie County for at least the past 12 months.
2. Agencies applying must be non-profit and/or government agencies and provide official documentation.
3. Agencies can only apply for one video production grant per year.

Application Directions

1. All SLCTV grant applications must be completed in full and signed. Applications will be available online at www.stlucieco.gov/slctv.
2. The properly completed application **must be received by** the Media Relations staff on or before **5 p.m. on the first Monday in February (February 1, 2010)**.
3. Complete the application with specific answers. ("see attached," etc. is not acceptable.)
4. On a separate page, answer the narrative questions as requested on the application.
5. Return the original application (**pages 1-3**), the narrative answer page(s), and a copy of the 501(c)3 or non-profit status in a folder or three-ring binder. Five (5) copies of the entire application should be submitted.
6. Applications cannot exceed a total of 10 pages including all attachments in the following order: the application (pages 1-3), proof of non-profit status (page 4); list of Board of Directors (page 5); resume of Executive Director (page 6); narrative (pages 7-10).
7. It is the responsibility of the grantee to meet the following:
 - a. Comply with all the terms of the grant contract, including agree-upon timelines and contributions
 - b. Provide the necessary information/documentation to create the public service announcement

Selection Process

1. All applications will be reviewed by Media Relations for completeness. Incomplete applications will not be considered or evaluated.
2. Grant applications will be reviewed by a five-member selection committee, appointed by the County Administrator or designee, including two staff members from the Office of Media Relations. Grant scoring criteria are attached.
3. Production on awarded grants may begin in March 2010, but must be completed by December 2010.
4. Production services from SLCTV will not exceed more than 40 staff hours per grant.

5. Agencies will be required to approve all final productions. Once written approval has been received by Media Relations, additional changes will not be provided unless the agency pays for those services.
6. Final projects are not guaranteed airtime on SLCTV. SLCTV will only air public service announcements that meet the policies approved by the Board of County Commissioners.
7. Final projects will be provided to the agencies in digital format. It is the responsibility of the agencies to distribute their final project to media outlets.

IMPORTANT INFORMATION ON THE GRANT SCHEDULE

Video production grant awards will be announced in early March. Production can begin in March but must be completed prior to December 2010

Depending on Media Relations work load, the selection committee may choose to recommend awarding 1-3 grants.

TIMELINE FOR MEDIA RELATIONS VIDEO PRODUCTION GRANT

November, 2009	A press release announcing the grant cycle will be sent to the local media and posted on SLCTV and www.stlucieco.gov . Applications will be available online at www.stlucieco.gov/slctv .
December 1, 2009	Media Relations Video Production grant cycle opens.
February 1, 2010 5:00 p.m.	Grant applications are due at the St. Lucie County Office of Media Relations 2300 Virginia Avenue, Fort Pierce, Florida 34982 (772-462-6421).
February 2 - 22, 2010	Video Production Grant Selection Committee reviews and scores grant applications. Recommendations are forwarded to the County Administrator.
March 1, 2010	County Administrator announces grant winners. A press release will be distributed to local media announcing winners, along with telephone calls to the winning agencies.
March 5, 2010	Contracts are mailed out. Video production can begin once contracts are returned to the St. Lucie County Office of Media Relations, 2300 Virginia Ave., Fort Pierce.

**ST. LUCIE COUNTY MEDIA RELATIONS
VIDEO PRODUCTION GRANT
REVIEW FORM**

No. _____

DATE: _____

SELECTION COMMITTEE	A	B	C	D	E		F	
	POTENTIAL IMPACT OF PROPOSED PROJECT ON THE COMMUNITY (Number of residents, area, etc.)	CLEAR PSA GOAL(S)	CREATIVITY AND POTENTIAL OF PSA TO ACCOMPLISH GOAL(S)	AGENCY STABILITY AND QUALIFICATIONS	AVAILABLE RESOURCES FOR THE PROJECT (in-kind Services or cash contributions)	TOTAL	RANKING	REMARKS
APPLICANT	0-40	0-50	0-50	0-40	0-20	200		

COMMITTEE MEMBER CERTIFICATION:

I certify that I have independently reviewed, evaluated, and rated the grant application and that the point awards above reflect my best judgment of the merits of the applicant.

Signature: _____ Date: _____

Additional Notes:



**ST. LUCIE COUNTY MEDIA RELATIONS/SLCTV
2010 VIDEO PRODUCTION GRANT APPLICATION
(PLEASE TYPE OR PRINT)**

MUST BE RECEIVED NO LATER THAN
5:00 p.m. on Feb. 1, 2010

MAIL OR DELIVER TO:
Media Relations Division: Attn: Production Grant
2300 Virginia Ave., Fort Pierce, FL 34982
Fax: (772) 462-6409 or E-mail: slctv@stlucieco.org

SECTION A: AGENCY INFORMATION

1. Agency Name: _____
2. Street address _____
3. City _____, County _____, Florida, Zip Code _____
4. Telephone Number () _____
5. Federal Identification Number: _____
6. Contact person for application: _____
7. Mailing address for all program correspondence: _____
8. Email and phone number of main contact person: _____

9. Website address _____
10. Services provided to St. Lucie County residents: _____

11. Estimated number of persons served last year (2009): _____
12. Age of agency/number of years providing services: _____
13. Total number of paid employees: _____ Number of volunteers: _____
14. Annual Budget: Operating: \$ _____ Personnel: \$ _____ Capital: \$ _____

15. <u>Source of Funding</u>	<u>Amount (\$)</u>	<u>% of Budget</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Attach names and addresses of Board of Directors and the resume of the Executive Director.

17. Attach proof of nonprofit and/or 501(c)3 status.

SECTION C: PROJECT DESCRIPTION

1. Project Name:_____

2. Focus/Purpose of the PSA:_____

3. Target Audience _____

4. If this is to promote a specific event, please include the date, purpose and place of event:_____

5. List any funds or in-kind contributions of support for this project (ie: cameramen, video equipment):

Item:_____ Value:_____

Item:_____ Value:_____

Item:_____ Value:_____

SECTION D: PROJECT RESOURCES

*(Please provide details on resources that can be used in the PSA such as photographs are black and white copies, logos are in digital formats, etc. **Do not include in the application.**)*

1. Existing video footage: (MiniDV,DVD, VHS)_____

2. Existing photographs:_____

3. Logos:_____

4. Talent/Actors (Do you have people who can appear on camera or provide voice over work?):_____

SECTION E: PROJECT/CONCEPT NARRATIVE

On a separate page. please answer the following as concisely as possible. Limit your response to 500 words or less. Limit responses to these questions **only**.

1. Describe your vision for the proposed video. What is the overall goal of the project?
2. Describe the specific outcomes, preferably in measureable terms, you want to achieve.
3. Who is the target audience? Briefly describe the geographic service areas (i.e., Port St. Lucie, Fort Pierce, rural, etc.) and the service population (children, seniors, ethnic, handicapped, etc.)
4. Does your organization have the internal staff or funding to create/broadcast videos?
5. What type of media outlets do you expect this project to be played on? (website, television, internal marketing, etc.)

NOTE: When responding to the Narrative section please answer all questions completely. Do not attach organization brochures or pamphlets to application. ("See Attached" is not an acceptable response to questions.)

SECTION F: CERTIFICATION

I do hereby certify that all facts, figures and representations made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the contractor in connection with this application.

Name of Organization

Print Authorized Official's Name

Authorized Official's Signature

Telephone number

Date